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REPORT

50X1-HUM

CD NO.

FOREIGN DOCUMENTS OR RADIO BROADCASTS

DATE OF INFORMATION 1948

DATE DIST. 31 May 1950

NO. OF PAGES 2

SUPPLEMENT TO
REPORT

50X1-HUM

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50X1-HUM

ORGANIZING SANITARY-EPIDEMIOLOGICAL SERVICE IN NEW YUGOSLAVIA

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Numerous active and hidden nidi of infectious diseases erupted into large-scale epidemics during the People's War of Liberation. The period after the liberation was characterized by a high morbidity rate in nearly all our domestic acute infections. New epidemiological problems also arose during this period; large-scale epidemics of relapsing fever have already been raging for 3 years, especially in Eastern Bosnia; hospital fever is always scattered through almost all of Bosnia, and in certain regions of Macedonia, Kosovo, and Metohija.

Kala-azar has appeared in regions where it was unknown before the war. In 1946, an especially acute form of malaria appeared in Macedonia. Acute intestinal diseases, typhus, and dysentery, occurred in twice the prewar morbidity rate. Sanitation and the sanitary conditions of dwellings, especially those in regions which suffered during the war, are on a very low level. On the other hand, extensive rebuilding of the country confronted our service with the vital problem of preserving the productive forces of our new state. All this shows what tremendous tasks and difficulties face our sanitary-epidemiological service in the immediate postwar period.

Hygienic and epidemiological service in the old Yugoslavia, during the first decade after World War I, was progressive in character. However, the monarcho-fascist dictatorship which took over, on 6 January 1929, completely paralyzed further development of this service. This fact, plus the acute shortage of qualified personnel caused the difficulties encountered by our sanitary-epidemiological service after the war. While it inherited the materiel basis in the existing hygiene institutions, the service did not succeed in immediately activating them and reorienting itself in the spirit of our new social existence. The acute shortage of personnel is still the worst obstacle in this work. Much time was lost in the search for suitable forms of service instead of immediately setting about reactivating personnel and materiel inherited from the old Yugoslavia, which could be immediately incorporated into the system of people's power.

- 1 -

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However, in spite of the delay, considerable efforts have recently been made to train new personnel and to requalify the old. Lacking a central directive, each republic formed its own system on an ad hoc basis. This resulted in irregularity of service which in turn led to a lack of clear evidence concerning conditions and results achieved. Only recently, with the passing of the Basic Law on Sanitary Inspection and the General Law on Prevention and Control of Infectious Diseases, were the foundations laid for the still incomplete formation of our sanitary epidemiological service to fully realize the following principles:

1. Unity of sanitary and antiepidemic service as the basis of sanitary inspection.
2. Education of new personnel in the spirit of the unity of preventive and curative work.
3. Reorganization of the service to suit the tasks arising out of the Five-Year Plan for Economic Development in the FPRY.

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- 2 -

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